### STATE OF MAINE



# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775 Website: www.maine.gov/ethics

## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seg-

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

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MAILING ADDRESS: CITY:	1 GAYTOI LISGON	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Member of the Senate, District
ZIP CODE:	04250			
PHONE NUMBER:3	353-405-9	(cel-673-2144)	☒	Member of the House, District 104

#### GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- Attach additional sheets if needed. Label attachments with your name, address, and the date. 5.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address 16 Apron Pd	Principal Type of Economic  Activity of Employer
1. R.A. Berlube Enterprises	Juc. Lisbon, me	· ROAL ESTATE Sites /KIOT.
2. STATE LESISHIURE	August A	STATE of ME.
3. Coronos by vense, Ju	e. Lewiston, me	Corldbionenso 7/31/0
PART II. INCOME DERIVED FROM  A. Enter the name and address of your beincome. If associated with a partners economic activity of that entity.	ousiness, if any, and list the major ar	gislators who are self-employed.) eas of economic activity from which you derived or similar business entity, list the major areas of
of Business Entity	reas of Economic Activity (self)	Major Areas of Economic Activity  (partnership, association or similar business entity)  FULL WIMS POMETY MED
1. # laune is osser	ded with the	- Jan 19 1000
	4 Center St., Cle	un my a Real
\$1,000, whichever is greater, and spe derived such income. If this form of	scify the principal type of economic disclosure is prohibited by law, rule	nts more than 10% of your gross income or activity of the entity or person from whom you an established code of professional ethics, or from whom the income was derived.  Principal Type of Economic Activity
Name of Source	<u>Address</u>	of Entity or Person Who Is the Source of Income
1. N/A		
2		
3		
PART III. MAJOR AREAS OF PRAC practice. If associated with a law firm, list		torneys-at-law only.) List your major areas of firm.
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
1 <i>NA</i>		· · · · · · · · · · · · · · · · · · ·
2		
3		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I,  $\Pi$ , or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	<u>Kind of Income</u>
·	<u> </u>	
t		
<u> </u>	•	
	ing the reporting period, and list the majo	names of creditors for any unsecured loans or areas of economic activity of each creditor. D
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
. <u>N/A</u>		
	•	V 19
•	· · · · · · · · · · · · · · · · · · ·	<u> </u>
r/A	om a single source. If none, so state.	
	4	
ART VII. DISCLOSURE OF I	IONORARIA. List the source of any e, so state,	honoraria accepted for appearances or speeche
n/A	3	·
•	4	
ART VIII. REPRESENTATION	N BEFORE STATE AGENCIES. Ider	itify each executive branch agency before which
	compensation of any amount. If none, so	
	3	
·	4	

our immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, so state.
ART X. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY.
st the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent fild(ren) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of come received by spouse and (D) beside sources of income received by dependent(s).
Type of Economic Activity  Representing Each Source of  Income Received  Kind of Income
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be intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it opears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the ttorney General. If the Commission determines that a Legislator has willfully failed to file a required atement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of
terest on every question and shall be precluded from voting on any question in committee or in either ranch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator ho willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to e State and recoverable in a civil action. (1 M.R.S.A. § 1019)